

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213501468</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>ING Financial Partners, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MN</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2013</b></p> <p>SCC ID NO: <b>F0247025</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 909 LOCUST ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: DES MOINES, IA 50309</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KARL S LINDBERG  TITLE: PRES/DIR  ADDRESS: 909 LOCUST ST  CITY/ST/ZIP/CO: DES MOINES, IA 50309 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KARL S LINDBERG TITLE: PRES/DIR ADDRESS: 909 LOCUST ST CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CAROL S STERN  TITLE: VICE PRESIDENT  ADDRESS: 4550 N. PARK AVE.  CITY/ST/ZIP/CO: Chevy Chase, MD 20815 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CAROL S STERN TITLE: VICE PRESIDENT ADDRESS: 4550 N. PARK AVE. CITY/ST/ZIP/CO: Chevy Chase, MD 20815	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DAVID PENDERGRASS  TITLE: VP/T  ADDRESS: 5780 POWERS FERRY RD NW  CITY/ST/ZIP/CO: ATLANTA, GA 30327 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID PENDERGRASS TITLE: VP/T ADDRESS: 5780 POWERS FERRY RD NW CITY/ST/ZIP/CO: ATLANTA, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DAVID PENDERGRASS TITLE: VP/T ADDRESS: 5780 POWERS FERRY RD NW CITY/ST/ZIP/CO: ATLANTA, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TINA M. NELSON  TITLE: ASST SEC  ADDRESS: 20 WASHINGTON AVE SOUTH  CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TINA M. NELSON TITLE: ASST SEC ADDRESS: 20 WASHINGTON AVE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TINA M. NELSON TITLE: ASST SEC ADDRESS: 20 WASHINGTON AVE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MEGAN HUDDLESTON  TITLE: SECRETARY  ADDRESS: ONE ORANGE WAY  CITY/ST/ZIP/CO: WINDSOR, CT 06095 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MEGAN HUDDLESTON TITLE: SECRETARY ADDRESS: ONE ORANGE WAY CITY/ST/ZIP/CO: WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MEGAN HUDDLESTON TITLE: SECRETARY ADDRESS: ONE ORANGE WAY CITY/ST/ZIP/CO: WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Brian Wilson  TITLE: Asst. CFO  ADDRESS: One Orange Way  CITY/ST/ZIP/CO: Windsor, CT 06095 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Brian Wilson TITLE: Asst. CFO ADDRESS: One Orange Way CITY/ST/ZIP/CO: Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: Brian Wilson TITLE: Asst. CFO ADDRESS: One Orange Way CITY/ST/ZIP/CO: Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	Melissa ODonnell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		
NAME:	Jennifer Ogren	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		
NAME:	Randall K. Price	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		
NAME:	Susan M. Vega	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		
NAME:	Kristin Hultgren	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	One Orange Way		
CITY/ST/ZIP/CO:	Windsor, CT 06095		
NAME:	Christopher Trovato	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	909 Locust Street		
CITY/ST/ZIP/CO:	Des Moines, IA 50309		
NAME:	Richard Linton, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Orange Way		
CITY/ST/ZIP/CO:	Windsor, CT 06095		
NAME:	Barry Eidex	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Tax Officer		
ADDRESS:	5780 Powers Ferry Road NW		
CITY/ST/ZIP/CO:	Atlanta, GA 30327		
NAME:	Terry Owens	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Tax Officer		
ADDRESS:	5780 Powers Ferry Road NW		
CITY/ST/ZIP/CO:	Atlanta, GA 30327		
NAME:	David Kelsey	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	One Orange Way		
CITY/ST/ZIP/CO:	Windsor, CT 06095		
NAME:	Frederick Litow	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5780 Powers Ferry Road NW		
CITY/ST/ZIP/CO:	Atlanta, GA 30327		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terran Titus VICE PRESIDENT One Orange Way Windsor, CT 06095	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Spencer T. Shell VP & Asst Treas 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Julie Cooney VP & CCO 909 Locust Street Des Moines, IA 50309	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kevin P. Stych VP, Sales&Mktg 909 Locust Street Des Moines, IA 50309	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Elmy VP, Tax 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ TINA M. NELSON		TINA M. NELSON, ASST SEC		1/11/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					